

## EMPLOYEE EXTENDED ABSENCE - SUPPLEMENTAL REPORT

(To be completed by the employee)

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Department:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

Name the doctors who are treating you. (List your primary doctor first.)

1. _____ ( )		
Name	Address	Telephone

2. _____ ( )	
Name	Address Telephone

Date and time of next appointment:

Date	Time
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Are you satisfied with your doctor(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, state why

Date you expect to return to work? \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your current home address?

Street	City	Zip
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What is your current home telephone number? \_\_\_\_\_

What is your cell telephone number? \_\_\_\_\_

Other than visits to your doctor, is there any reason your supervisor would not be able to reach you at your home telephone number?    \_\_\_\_\_ yes    \_\_\_\_\_ no. If yes, state why below:

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Are you working elsewhere?    \_\_\_\_\_ yes    \_\_\_\_\_ no. If yes, doing what?

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Do you have any comment you would like to make?

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\*Department rules require that you check in with supervision during an extended absence at the following times:\_\_\_\_\_.

Failure to check in could result in disciplinary action up to and including termination of your employment.

\* Supervision should fill in this area

Employee Signature:\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_